


2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 04, 2007 8:00 am
Secretary of State

04-04-2007 90034 003 ****50.00

DOCUMENT # L05000103873	
1. Entity Name TRC, THE RACING CONSULTANT, LLC	

Principal Place of Business 2220 OCEAN SHORE BLVD., #101-A ORMOND BEACH, FL 32176	Mailing Address 2220 OCEAN SHORE BLVD., #101-A ORMOND BEACH, FL 32176
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60032048



2. Principal Place of Business - No P.O. Box # 1033 STONE LAKE DR.	3. Mailing Address 1033 STONE LAKE DR.
Suite, Apt. #, etc.	Suite, Apt. #, etc.

City & State ORMOND BEACH, FL	City & State ORMOND BEACH, FL
Zip 32174	Zip 32174
Country FLAGLER	Country FLAGLER

03282007 Chg-LLC CR2E083 (12/06)

4. FEI Number 20-3675604	Applied For Not Applicable
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5. Certificate of Status Desired ☐ \$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

JIMENEZ, MARCEL
2220 OCEAN SHORE BLVD., #101-A
ORMOND BEACH, FL 32176

7. Name and Address of New Registered Agent

Name
JIMENEZ, MARCEL
Street Address (P.O. Box Number is Not Acceptable)
1033 STONE LAKE Drive
City
ORMOND BEACH FL Zip Code
32174

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title, if applicable (NOTE: Registered Agent signature required when reinstating)

4-1-2007
DATE

**Filing Fee is \$50.00
Due by May 1, 2007**

**Make check payable to
Florida Department of State**

9. MANAGING MEMBERS / MANAGERS		10. ADDITIONS / CHANGES	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM JIMENEZ, MARCEL 2220 OCEAN SHORE BLVD., #101-A ORMOND BEACH, FL 32176 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Add
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Add
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11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.